NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen. Completely fill in one circle.

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS

before submitting or form will be returned.

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III D : Total	(COMP: 62,143 (UNC	ndment)
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Client Information			
Name: New York State Association of Counties	S		The state of the s
Permanent Business Address: 540 Broadway	. FAL EL		
City: Albany			2
	State	e:NY	ZIP code:12207
Business Phone: 518-465-1473	Fax t	Number: 518-465-0506	
Third Party Beneficiary (see instructions):			
Lobbyist(s) Information & Co Any individual or organization that has lobbied threshold was exceeded by that individual or	don bobelf - fill - i'	ent Period Only oust be reported below) , regardless of whether the
A Type of Lobbyist: O Retained	⊗ Employed	O Designated	
Level of Gov't: State Lobbying	O Local Lobbying	O Both	
Name: Stephen Acquario		Phone Number:	518-465-1473
Address: 540 Broadway, 5th Floor			0.00 100 1170
City: Albany		State: NY	ZIP code:12207
Compensation for current period: \$11	22 .00	orare,	7217 Code. 12207
B Type of Lobbyist: O Retained	⊗ Employed	O Designated	
Level of Gov't:	O Local Lobbying	O Both	
Name: Dave Lucas	1	Phone Number:	519.465.1472
Address: 540 Broadway, 5th Floor		Thoric Northber.	310-403-14/3
City: Albany		State: NY	710
Compensation for current period: \$19	.00	sidle. Ni	ZIP code:NY
Type of Lobbyist: O Retained	⊗ Employed	Designated	
Level of Gov't: State Lobbying	O Local Lobbying	O Both	
Name: Patrick Cummings		Phone Number: 5	518-465-1473
Address: 540 Broadway, 5th Floor		THORE NOTIBEL.	70 103 1473
City: Albany		State: NY	7ID 00 do 12207
Compensation for current period: \$1083	38 .00	I SIGIE, IVI	ZIP code: 12207
Continued on attached pages			
TOTAL COMPENSATION of ALL lobbyist	s for current period	(A+B+C+ a d d)	um sheets): \$62164 .00

IV Other Expenses (Curre	AND THE PARTY OF THE PARTY.	resolute our out estate a trace who	or and when the design of the latest the		\$ 0		.00
A Report in the aggregate all expe					ii .		.00
B Report in the aggregate all expe		salaries of non	i-lobbying emp	loyees:	> 3	969	.00
C Itemize each expense exceedin	g \$75:		DATE: 12	/	/	O A	d O Social Event
PAID TO: West Group			AMOUNT: \$		⁷ 2012 .00		Addendum attached
PURPOSE: Legislative PROCUREMENT & NONPR	OCUREN	MENT	7 (111001111	5158		0 /	Addendom andched ,
PAID TO: In House Postage			DATE: 12	/31	/ 2012	lo a	d O Social Event
PURPOSE: Postage			AMOUNT:		.00		Addendum attached
O PROCUREMENT & NONPR	OCUPEA	MENIT		* 000		10 /	Addendom andched
		VILINI					
If any expense listed above	exceed	ds \$75 for an i	individual, you	must o	attach the a	ddendi	um page listing the
expense, dollar amount att	ributable	e to the indiv	idual and the	name,	title and em	ployer	of the individual.
D Total expenses for current per	iod: \$15	5037	.00 (if applied	able, in	clude all exp	enses tr	rom attached pages in total)
V Source of Funding Dis	elecur	a			****	110	
Instructions: In the event only on	e person	or entity is list	led as the Singl	e Sourc	ce for a Contr	ibution	(s), use Section A. In the
event multiple perso	ns or ent	ities have bee	en aggregated	as a Si	ngle Source f	or a Co	ontribution(s), use Section B. the amount of the Contribution
received. If more the	an five C	Contributions fr	om the Single S	Source	have been re	eceived	d, use section V(C) of the
Contribution(s) from Single Source		Commonions	•		* THE COLUMN THE RESIDENCE WORLD		
Single Source Entity's Name: _{Cour}		ng Facilities of l	New York				
or Single Source Person's Last Name		.5		First N	lame:		
Address: 540 Broadway, 5th Floor							
City: Albany				State	:NY		ZIP code:12207
Phone: 518-465-1473				10			
	07 /31	/ 2012	Amour	nt of C	Contribution:	\$130	.00
Date Contribution Received:	08 /31	/ 2012	Amour	nt of C	Contribution:	\$130	.00
Date Contribution Received:	09 / 30	/ 2012	Amour	nt of C	Contribution:	\$130	.00
Date Contribution Received:	10 / 31	/ 2012	Amour	nt of C	Contribution:	\$130	.00
Date Contribution Received:	11 / 30	/ 2012	Amour	nt of C	Contribution:	\$130	.00
Check here if using section V(C) of t	he Adde	ndum for add	itional Contribu	itions:			8
Contribution(s) Single Source #2	E.						
Single Source Entity's Name: Com	munity H	lealth Foundat	ion of Western &	& Centra	al New York		
or Single Source Person's Last Name		curer rounds			lame:		
Address: 726 Exchange Street, Suite							
City: Buffalo				State	: NY		ZIP code: 14210
Phone:							
Date Contribution Received:	07 / 25	/ 2012	Amour	nt of C	Contribution:	\$ 495.	.00
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Check here if there are Contribution					ed above. U	se Sect	ion V(A) of the

Designated Addendum sheet for sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Lobbyist(s) Infor							
Any individual or organization was exceeded by that individual	on that has lobbi	ed on behalf o ation.	f the client r	must be re	eported belov	w, regardless c	of whether the threshold
	tained	⊗ Employed	98	Designa			
Level of Gov't: Sta	ite Lobbying	O Local Lobi	bying O	Both			2
Name: Mark LaVigne				Phor	e Number:	518-465-1473	3
Address: 540 Broadway, 5th	h Floor						
City: Albany				State	:NY	ZIP coc	de: 12207
Compensation for curren	nt period: \$23	36	.00				
Type of Lobbyist: O Re	etained	⊗ Employed	0 1	Designat	ed		
Level of Gov't: ⊗ Sta	ate Lobbying	O Local Lob	bying O E	Both			
Name: Melissa Tiberio				Phor	ne Number:	518-465-1473	3
Address: 540 Broadway, 5th	h Floor						
City: Albany				State	e:NY	ZIP cod	de: 12207
Compensation for curre	nt period: \$64	17	.00				
Type of Lobbyist: ORe	tained	⊗ Employed	0	Designa	ted		
Level of Gov't: Sto	ate Lobbying	O Local Lob	bying O	Both			
Name: Kathryn Vescio				Phon	e Number: 5	18-465-1473	
Address: 540 Broadway, 5th	Floor						
City: Albany				State	Ny	ZIP cod	le: 12207
Compensation for currer	nt period: \$ ²²²	.229	.00				i
IV Other Expenses	(Current Se	mi-Annua	Period	Only)			
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PAID TO: Time Warner Cable		TYLE I Y	DATE: 12	/31	/ 2012	O Ad	O Social Event
PURPOSE: Internet Services	c, iii iiica		AMOUNT:		.00	O *Adden	dum attached
	NONPROCURE	MENT	711100111.	4,05		1	
PAID TO: Time Warner Cable			DATE: 12	/31	/ 2012	OAd	O Social Event
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PAID TO:			DATE:	/	/	O Ad	O Social Event
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PURPOSE:			AMOUNT:	S	.00	O*Addend	um attached
	NONPROCURE	MENT				6	

V Source of Funding Disclosure B Single Source information for a Con	tribution(s)	from m	ultiple, Related, or Affiliated Enti	ties.	
Contributions from Single Source #1					
Related or Affiliated Entity or Person:					
Entity's or Person's Full Name:					
Entity's or Person's Address:					
Entity's or Person's Phone:				E E	
Dates and Amounts of Contributions fro	m Entity	or Perso	on:		
Date Contribution Received:			Amount of Contribution:	\$.00
Date Contribution Received:	/	/	Amount of Contribution:	\$.00
Date Contribution Received:	/	/	Amount of Contribution:	\$.00
Check here if using section V(C) of	the Adder	ndum fo	r additional Contributions:	0	
Related or Affiliated Entity or Person:					
Entity's or Person's Full Name:					
Entity's or Person's Address:					
Entity's or Person's Phone:					
Dates and Amounts of Contributions fro	m Entity (or Perso			
Date Contribution Received:	. /	/	Amount of Contribution:		.00
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Check here if using section V(B) of the Addendum for	or addition	al Relat	ed, or Affiliated Entities or Persor	ıs:	
Contributions from Single Source #2					
Related or Affiliated Entity or Person:					
Entity's or Person's Full Name:					
Entity's or Person's Address:					C
Entity's or Person's Phone:	-	5			
Dates and Amounts of Contributions fro Date Contribution Received:	m Entity o	or Perso 1	Amount of Contribution:	\$.00
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Related or Affiliated Entity or Person:	the Adden	idum foi		0	
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Related or Affiliated Entity or Person: Entity's or Person's Full Name: Entity's or Person's Address:	the Adden	idum foi		0	
Related or Affiliated Entity or Person: Entity's or Person's Full Name: Entity's or Person's Address: Entity's or Person's Phone:			additional Contributions:	0	
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Related or Affiliated Entity or Person: Entity's or Person's Full Name: Entity's or Person's Address: Entity's or Person's Phone: Dates and Amounts of Contributions from Date Contribution Received: Date Contribution Received:	m Entity o / / /	or Perso / / /	n: Amount of Contribution: Amount of Contribution: Amount of Contribution: Amount of Contribution:	\$.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Single Source Entity's Name:	vlunici	pal Elect	tric & Gas Allian	ce	
or Single Source Person's Last N	First Name: Jennifer				
Address: P.O. Box 88					
City: Ithaca				State: NY	ZIP code:14851
Phone:				=	
Date Contribution Received:	08	/24	/2012	Amount of Contribution: \$1084	.00
Date Contribution Received:	11	/13	/2012	Amount of Contribution: \$1231	.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
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Contributions from Single Sou	ce#			1	
Single Source Entity's Name: N			ation of Counti	es	
or Single Source Person's Last No					
Address: P.O. Box 79007	arrie.			First Name:	
City: Baltimore				State: MD	71D 00 do 201270
Phone:				Sidle. MD	ZIP code:21279
Date Contribution Received:	08	/ 02	/ 2012	Amount of Contribution: \$150	.00
Date Contribution Received:	08		/ 2012	Amount of Contribution: \$891	.00
Date Contribution Received:	11		/ 2012	Amount of Contribution: \$1126	
Date Contribution Received:	1.1	/ 06	/ 2012	Amount of Contribution: \$.00
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Contributions from Single Sour	4100	THE PARTY OF THE P			
Single Source Entity's Name: _N . or	ew Yo	k Aviati	on Managemei	nt Association	
iingle Source Person's Last Na	me:			First Name:	
Address: 136 Everett Road					
City: Albany				State: Ny	ZIP code:12205
hone:					
ate Contribution Received:	07	/31	/2012	Amount of Contribution: \$166	.00
ate Contribution Received:	08	/31	/ 2012	Amount of Contribution: \$166	.00
ate Contribution Received:	09	/30	/ 2012	Amount of Contribution: \$166	.00
ate Contribution Received:	10	/31	/ 2012	Amount of Contribution: \$166	.00
ate Contribution Received:	11	/30	/ 2012	Amount of Contribution: \$166	.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Source of Funding Disclosure

Or		11(71330	Clation of mail	ning and Employment Professionals	
Single Source Person's Last No	ıme: N	Лelinda		First Name: Mack	
Address: 540 Broadway, 5th Floor					
City: Albany				State: NY	ZIP code:12207
Phone: 518-433-1200				2	
Date Contribution Received:	07	/31	/2012	Amount of Contribution: \$110	.00
Date Contribution Received:	08	/31	/2012	Amount of Contribution: \$110	.00
Date Contribution Received:	09	/30	/ 2012	Amount of Contribution: \$110	.00
Date Contribution Received:	10	/31	/ 2012	Amount of Contribution: \$110	.00
Date Contribution Received:	11	/30	/ 2012	Amount of Contribution: \$110	.00
Check here if using section V(C)	of the	Adden	dum for addit	tional Contributions:	. (
Contributions from Single Source	:e#_				
Single Source Entity's Name: Ne			Association of	f County Administrators	
or Single Source Person's Last Na					
Address: 540 Broadway, 5th Floor	ne. iv	espill		First Name: Charles	
City: Albany				Charles NV	
Phone: 518-465-1473				State: NY	ZIP code:12207
Date Contribution Received:	07	/ 24	1	Amazar da fi Carabillar di ancia	-
Date Contribution Received:		/ 31	/ 2012	Amount of Contribution: \$56	.00
Date Contribution Received:		/ 31	/ 2012	Amount of Contribution: \$56	.00
Date Contribution Received:		/ 30	/ 2012	Amount of Contribution: \$56	.00
Date Contribution Received:		/ 31	/ 2012	Amount of Contribution: \$56	.00
		/ 30	/ 2012	Amount of Contribution: \$56	.00
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Contributions from Single Sourc					
ingle Source Entity's Name: Ne	w York	State /	Association of	County Clerks	
ingle Source Person's Last Nan	ne:			First Name:	
Address: County Office Building, 16		esee Str	reet .	18	
City: Auburn			2	State: Ny	ZIP code:13021
hone:					211 0000.13021
ate Contribution Received:	07	/31	/ 2012	Amount of Contribution: \$73	.00
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ate Contribution Received:		/30	/ 2012	Amount of Contribution: \$73	.00
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V Source of Funding Disclosure

received. Contributions from Single Sou	rce#	3			
Single Source Entity's Name:			ahway Superinta	andents Association	
or Single Source Person's Last N					
Address: 136 Everett Road			· · · · · · · · · · · · · · · · · · ·		
City: Albany				State: NY	ZIP code: ₁₂₂₀₅
Phone:					
Date Contribution Received:	07	/31	/2012	Amount of Contribution: \$150	.00
Date Contribution Received:	08	/31	/2012	Amount of Contribution: \$150	.00
Date Contribution Received:	09	/30	/ 2012	Amount of Contribution: \$150	.00
Date Contribution Received:	10	/31	/ 2012	Amount of Contribution: \$150	.00
Date Contribution Received:	11	/30	/ 2012	Amount of Contribution: \$150	.00
Check here if using section V(C)	of the	Adden	dum for additio	nal Contributions:	
Contributions from Single Sou	ce#	1	88		9
Single Source Entity's Name: N	IYS Lo	al Gove	ernment Services	Foundation	
or Single Source Person's Last No	ame:			First Name:	
Address: 150 State Street				2 202 2 202 2	
City: Albany				State: NY	ZIP code:12207
Phone:					J., 33 G. 12207
Date Contribution Received:	08	/ 31	/ 2012	Amount of Contribution: \$ 2093	.00
Date Contribution Received:	10		/ 2012	Amount of Contribution: \$1274	.00
Date Contribution Received:		1	/	Amount of Contribution: \$.00
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Contributions from Single Sour	ce #_				
ingle Source Entity's Name: _{Pt}	ublic E	mploye	r Risk Manageme	ent Assoc., Inc	
ingle Source Person's Last Na	me:			First Name:	
ddress: P.O. Box 12250					
City: Albany				State: NY	ZIP code: 12212
hone:					16616
ate Contribution Received:	07	/31	/ 2012	Amount of Contribution: \$431	.00
ate Contribution Received:	08	/31	/ 2012	Amount of Contribution: \$210	.00
ate Contribution Received:	10	/31	/ 2012	Amount of Contribution: \$124	.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Contributions from Single Source							
Single Source Entity's Name: _{Pro} or Single Source Person's Last Nar		nc		First Name:		,	
Address: 29 East Main Street						-	
City: Gouverneur			***************************************	State: NY		ZIP code:13642	
Phone:			Marie Company of the		Market Market Service Control (Service Service		
Date Contribution Received:	07	/31	/2012	Amount of Contribution:	\$54	.00	
Date Contribution Received:	08	/31	/ 2012	Amount of Contribution:	\$360	.00	
Date Contribution Received:	09	/30	/ 2012	Amount of Contribution:	\$55	.00	
Date Contribution Received:	10	/31	/ 2012	Amount of Contribution:	\$455	.00	
Date Contribution Received:		/	/	Amount of Contribution:	\$.00	
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Contributions from Single Source	e#_						
Single Source Entity's Name:							
or Single Source Person's Last Nar	ne:			First Name:			
Address:				a ti			
City:				State:		ZIP code:	
Phone:							
Date Contribution Received:		/	/	Amount of Contribution:	\$.00	
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Date Contribution Received:		/	/	Amount of Contribution:	\$.00	
Check here if using section V(C) o	f the /	Adden	dum for additi	ional Contributions:			0
Contributions from Single Sourc	e #_						
Single Source Entity's Name: or							
Single Source Person's Last Nan	ne:			First Name:			
Address:							
City:				State:		ZIP code:	
Phone:							
Date Contribution Received:		/	/	Amount of Contribution:	\$.00	
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V Source of Funding Disclosure

Date Contribution Received:

Instructions:	Below, list all Contrib Include the date of t			the Single Source or, if applicable, the Relate ived and the amount of the Contribution.	d, Affiliated Entity or Person.
C	Single Source Inform	ation for a	one Person	or Entity for a single Contribution.	Carbon Compay The Control of Beauty 1997 (Carbon Marie 1997)
Contribution	s from Single Source	#			
Single Sourc	e(or Related or Affilio	ated) Ent	ity's Name	County Nursing Facilities of New York	
or Single Sourc	e (or Related or Affilia	ated)Pe	rson's Last	Name: First Name:	
Address: 540	Broadway, 5th Floor				
City: Albany				State: NY	ZIP code: ₁₂₂₀₇
Phone: 518-2					
Date Contrib	oution Received:	/	/	Amount of Contribution: \$130	.00
Date Contrib	oution Received:	/	/	Amount of Contribution: \$.00
Date Contrib	oution Received:	/	/	Amount of Contribution: \$.00
Date Contrib	oution Received:	/	/	Amount of Contribution: \$.00
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				2	11

Amount of Contribution: \$

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Source of Funding Disclosure

Instructions:

Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person.

C Single Source Info	rmation	for or	ne Person or En	lity for a single Contribution.	
Contributions from Single Source	e #				
Single Source(or Related or Aft	iliated) Entit	y's Name: NY	Aviation Management Association	
or Single Source (or Related or At					
Address: 136 Everett Road	marce	2 /1 013	JOH J Edil Hall	ne.	
City		-	NO. 445 (17 10 10 10 10 10 10 10 10 10 10 10 10 10	State: NY	ZIP code: 12205
Phone:			_	Oracio. INT	211 0000.12205
Date Contribution Received:	12	/ 31	/2012	Amount of Contribution: \$166	.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Instructions:

Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

C Single Source Information for one Person or Entity for a single Contribution.				
Contributions from Single Source	e #			,
Single Source(or Related or Affiliated) Entity's Name: New York Association of Training and Employment Professionals				
or Single Source (or Related or Affiliated)Person's Last Name: First Name:				
Address: 540 Broadway, 5th Floor			0	
City: Albany			State: NY	ZIP code: ₁₂₂₀₇
Phone:				
Date Contribution Received:	12 / 31	/2012	Amount of Contribution: \$110	.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Source of Funding Disclosure

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C Single Source Info	rmation for o	ne Person or	Entity for a single Contribution.	
Contributions from Single Source	and the state of t			
Single Source(or Related or Af	filiated) Enti	ty's Name: N	NYS Association of County Administrators	*
or Single Source (or Related or A	ffiliated)Per	son's Last N	ame: First Name:	
Address: 540 Broadway, 5th Floor				
City: Albany			State: NY	ZIP code: ₁₂₂₀₇
Phone:		***************************************		12207
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Instructions:

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Date Contribution Received:

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Date Contribution Received:

Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

C Single Source Info	rmation for	one Person or	Entity for a single Contribution.	
Contributions from Single Source				
F 10 = 1	a secondonical	titv's Name: N	New York State Association of County Clerks	
or Single Source (or Related or At				
			ame: First Name	•
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Phone:			State: NY	ZIP code: ₁₃₀₂₁
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Designated Addendum sheet for section V(C)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

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or					
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Address: 136 Everett Road				State: NY	ZIP code: ₁₂₂₀₇
City: Albany Phone:			ar and an an area and an account	Sidle. NY	Zir Code.12207
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Subjects lobbied: Issues effecting County Government including unfunded mandates	Person, State Agency, Municipality or Legislative Body lobbied: Governors Office, NYS Legislature, NYS Comptroller Office, State Agencies and Commissions				
O Continued on attached pages	O Continued on attached pages				
VII Bill, Rule, Regulation, Rate Number or brief idescription relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:	VIII Title and Identifying Numbers of procurement contracts/documents lobbied: n/a				
⊗ Continued on attached pages	O Continued on attached pages				
Number or Subject Matter of Executive Order of Governor/Municipality lobbied: n/a	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied: n/a				
O Continued on attached pages	O Continued on attached pages				
XI Declaration					
This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.) I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.					
X SIGNATURE: Alan	DATE: /-22-/3				
PRINT NAME: LAST Catalfamo	FIRST Karen				
TITLE: Fiscal/Office Manager					
Mark One: ○ Chief Administrative Officer ⊗ D	Designee(Attach Letter)				
The following MUST be attached to this repor	t at the time of submission:				

- --You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original)
- --If applicable, a designation letter if you have marked designee in section XI.
- --If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.